

APPLICATION for MANUFACTURER PLATES

(C.R.S. 42-3-116 & 42-3-304(6)(b))

DEPARTMENTAL USE ONLY

Number of Plates Authorized	By
Plate Number's Assigned	
Comments	
Plates <input type="checkbox"/> Mailed on _____ <input type="checkbox"/> Picked up by _____ On _____	

Complete and sign the application. **If you are replacing a lost or stolen plate, you must attach a copy of a police report.** A copy of the Colorado title receipt(s) must be attached for each requested plate. Failure to attach receipt(s) may result in the rejection of this application. The manufacturer/distributor must supply a letter of authorization identifying the applicant as an official representative of the manufacturer/distributor. Make a copy for your files. Ensure that the fee computation is correct (see fee section below). Make check payable to: **Colorado Department of Revenue**. Send application, Colorado title receipt(s) and check to: Colorado Department of Revenue, Registration Section, Denver, CO 80261-0016.

**CHECK
ONE**

☐ Original Order

☐ Additional Order

SECTION A

Name of Manufacturer/Distributor or Factory Branch		Colorado Manufacturer/Distributor License #	
Mailing Address	City	State	ZIP
Colorado Location Address	City	State	ZIP
Name and Title of Contact Person		Contact's Telephone #	
Plate Delivery Method	<input type="checkbox"/> Send to applicant by mail <input type="checkbox"/> Call applicant to arrange for pickup.		

SECTION B

I, the undersigned agent of the manufacturer/distributor, do hereby request an authorization of manufacturer plates in accordance with the Colorado Code of Regulations 204-14.

I certify that vehicles bearing these plates will be **owned and titled** in Colorado to this manufacturer/distributor. The driver of a manufacturer-plated vehicle shall have in his or her possession the receipt for application for a Colorado title.

I hereby request _____ manufacturer plates and have attached a photocopy of the Colorado title receipt(s) of the above named manufacturer/distributor. I certify that I am the authorized agent of the _____

I certify under penalty of perjury in the second degree that the information contained in this document is true and correct.

Print Name as it Appears on Identification of Applicant

Secure and Verifiable ID of Applicant:

☐ Colorado DL

☐ Colorado ID

☐ Other _____

ID #	Expires	DOB	
Signature	Printed Name	Title	Date

SECTION C

FEE SECTION

	PRICE	QUANTITY	TOTAL FEE
First Plate	\$32.17	1	\$32.17
Plates 2, 3, 4 and 5	\$9.67		
Plates 6 and up or replacements	\$12.17		
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.	Account Number 15-25571 Liability Code 5900-800	TOTALS	\$